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The advantages of an ADHD classification from the perspective of teachers

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ABSTRACT

In Western countries, the number of ADHD diagnoses and medical treatments of children has risen spectacularly over the last decennia, as has the amount of criticism about this trend. Various studies have shown that children receiving an ADHD classification often follow from initial signals that were raised in a school context. Hence, it becomes important to investigate precisely what advantages attach to ADHD classification in educational practice. In this qualitative study, 30 teachers were interviewed about their experiences and views of ADHD. The results suggest that a small number of interviewees sees no advantages to ADHD classification: the classification does not practically help them as teachers, they are familiar with the drawbacks of ADHD classification, and they take issue with the idea of labelling children. The greater number of interviewees, however, suggest ambivalence about ADHD classification: they are aware of its drawbacks while experiencing mainly advantages. According to the interviewees, ADHD classification explains undesirable behaviours and disappointing academic achievement. Classification thereby removes blame from pupils, parents and teachers, and so can be a starting point for productive agreement and collaboration. We will discuss the implications of these findings in the light of the concept of reification, child-centred problematisation and the development of more inclusive education.

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Attention Deficit Hyperactivity Disorder, classification; diagnosis; child; teacher; attitude

Introduction

The number of childhood ADHD (Attention Deficit Hyperactivity Disorder) classifications and medical treatments has grown spectacularly in the West in recent decennia (Danielson et al. 2018; Health Council of the Netherlands 2014; Timimi 2015). ADHD is now one of the most frequent classifications worldwide (Hinshaw and Scheffler 2014; Rigler et al. 2016). Many experts consider this a worrying trend (e.g. Frances and Carrol 2017; Coon et al. 2014; Health Council of the Netherlands 2014). We use the term ‘classification’ rather than the term ‘diagnosis’ throughout, in recognition of the important fact that behaviours that are

considered problematic or challenging are above all else a social product and typically without established somatic origin or cause; clear causation being a key definitional attribute of diagnosis. A child with ADHD is recognised as such also vis-à-vis the descriptive criteria set for disorders in the Diagnostic and Statistical Manual of Mental Disorders – merely in an established conventional sense of sharing a set of characteristics in common with other children showing the same or similar set of characteristics.

Harwood and Allan (2014, page, 159) make a connection between the mounting academic performance expected of children in school and the rise of ADHD classifications. ADHD behaviour tends to be seen as the inverse of successful behaviour in schools (Hinshaw and Scheffler 2014). According to Malmqvist and Nilholm (2016), children showing ‘disorderly’ attributes that are associated with ADHD challenge schools and teachers because their behaviour may, for instance, disrupt classroom peace and order. Schools and teachers generally play an important role in initiating the first steps towards a childhood disorder classification (Sax and Kautz 2003; Langley et al. 2010; Russell, Moore, and Ford 2016; Moore et al. 2017).

Behaviour-related medication is often used with pupils in a school context. Critique of this approach considers that such medication typically does not contribute to academic achievement (Langberg and Becker 2012; Kortekaas-Rijlaarsdam et al. 2018). In the long term, such medication furthermore entails no positive effects for the young person taking it, instead incurring side effects such as delayed growth and cardiovascular risks (Riddle et al. 2013; Swanson, Arnold, and Molina et al. 2017). The consequences for pupils with an ADHD classification known to be taking medication include discrimination and stigma (Walker et al. 2008; Singh 2011). In addition, educational consequences follow for contact between pupils and teachers. A classification, with or without medication, is negatively associated with academic expectations, which in turn causes *lowered* achievement, motivation and self-confidence in children (Batzle et al. 2010; Eisenberg and Schneider 2007). Lastly, teachers show less tolerance towards children with a classification than towards children without a classification (Kos, Richdale, and Hay 2006).

Critique aimed at classifying children is further strengthened as more is discovered about the greater effectiveness of group approaches that work for whole classrooms, compared with treating individual children (Piffner, Barkley, and DuPaul 2006; Gaastra et al. 2016; Moore et al. 2016). Affirming a general consensus in the pedagogical disciplines: classroom-wide approaches are typically to be preferred over child-centred approaches that single out individuals. Education researchers have consequently started to point to a *reducing* need for classifying children. Inclusive forms of education, in particular, tend to foreground much less what a child *has* than what a child *needs* in order to learn (Vehmas 2010; Honkasilta, Vehkakoski, and Vehmas 2016). However, in spite of increasing scholarly critique, mounting contrary evidence and durable inclusive developments in education, the number of childhood classifications being performed within the psy-professions remains high and follows well-established routines. Since schools still seem to play an important role in upkeeping these routines (Moore et al. 2017; Russell, Moore, and Ford 2016; Sax and Kautz 2003), this study aimed at identifying what teachers see as the continued value of classifying pupils with ADHD. Better sight of teachers’ perceptions may give new impetus to further pre-empting the need for ADHD classifications and treatments that one-sidedly target individual children. Dutch inclusive education is pursued via national policy and practice that roughly translates as ‘Education that Fits’ (*Passend Onderwijs*), but that at the same time stands in

and continues a long tradition of schools for children with special educational needs. Until recently, formal 'diagnoses' were required to qualify for additional support. An ADHD classification could not be achieved within education, it could only be given by qualified youth care professionals. This construction was in place while this study was underway, but was altered during 2018.

Method

Participants

The research population consisted of 30 primary school teachers who teach year groups 3–7. Most respondents were approached via the researchers' and their research students' own (professional) networks, others volunteered via social media. In the Netherlands, no request to a research ethics committee for ethical approval needs to be made for this sort of research. The interview population included five male teachers with an average age of 35 years (range 23–44) and 25 female teachers with an average age of 44 years (range 27–64). On average, the teachers had collected 16.2 years experience of school teaching (range 1–40). Only certified teachers (and not trainee teachers) who had experience of teaching children with an ADHD classification were accepted into the research population.

Data collection

The study followed a qualitative design since no earlier studies proved available in which teachers were questioned about the advantages they see to ADHD classifications in their teaching practice, hence no suitably standardised questionnaires were available for use in a quantitative survey design. We sought to take a first step towards gaining greater insight into the advantages that teachers see, also to encourage future more detailed study. We wished furthermore to collect insights into assumptions about ADHD that teachers bring into their professional practice. Because of the study's exploratory character, and the attempt to capture respondents' perspectives in some detail, semi-structured narrative interviews were used.

Instrument

First, we present the interview protocol. The interviews were taken by five Master programme students under supervision of the first and last author. The interviewers followed an interview protocol that was developed especially for the study by the researchers. The interviews involved a series of open questions, with interviewers being instructed to follow a clear protocol in asking follow-up questions after each initial response. Here are some examples of follow-up questions:

- What do you think of when I say, 'ADHD'?
- What springs to mind when you think back to having a child with ADHD in class?
- What, for you, is the difference between a rowdy child and a child with ADHD?
- How may a school, teacher, parents and/or child benefit from an ADHD diagnosis for a pupil?

The interview protocol was trialled and evaluated by way of three pilot interviews, two carried out with teachers and one with a Master student. Overall, the pilot interviews proved suitable data, so that the two interviews with teachers could be included in the data set of 30 respondents. Minor changes were made to the interview protocol following the three interview trials. For example, the first question, 'Are there children in your class with a diagnosis' was changed to 'Are there children in your class with ADHD', while the question 'what advantages are there to a child with a diagnosis' was changed to, 'what child interest is served by a diagnosis?' The interviews terminated after all questions in the protocol were asked and participants confirmed to have fully responded to all questions (Flick 2014).

Second, we present the interview procedure. The interviews were either taken in the teacher's workplace ($N = 29$) or in the teacher's home ($N = 1$) by Master students training as special needs pedagogues. The interviews averaged 54 min (range 26–81) in duration. Audio recordings were made of the interviews with the explicit permission of the interviewees. The interviews were anonymised and transcribed, while the original recordings were deleted following their transcription. On the basis of logbook information that the interviewers were asked to collect for each interview, one interview was removed from the data set, since it was decided after reviewing the logbook data that the interviewee concerned either could or would not fully cooperate with answering the interview questions. All interviewees were sent a fully transcribed copy of the interview via email, but no adjustments to the transcripts were requested by the recipients.

Coding

Since a trawl of the literature generated little information about the meanings that teachers attach to ADHD classification, an inductive or grounded theory approach was used in an attempt to tease out the main themes from the data (Braun and Clarke 2006). A thematic analysis tends to involve the structured coding of text data, in a bid to identify patterns of meaning that interviewees attach to the topic matter. An initial thematic analysis of all interviews was undertaken by five Master students, and a selection of main themes was made from the codes that were generated. In various research group discussion rounds that followed each new iteration of revisiting and recoding the data, the themes that emerged from the data were further clarified and evidenced, and so brought into focus and clarity (Schreier 2012). The outcome of this shared thematic analysis was a codebook, which is listed in Table 1.

A Cohen's Kappa (k) was calculated in order to determine inter-rater reliability (IRR) after both the first and second author re-coded all text fragments on the basis of the codebook. An IRR of $k = 0.69$ was found, which is considered substantial agreement (Lombard, Snyder-Duch, and Bracken 2002).

Results

Table 1 shows the codebook that formed the basis for the present text analysis. A total of four meaning categories were formulated that sub-divide into 13 themes. In what follows, the four categories found in the data are described in greater detail. Note that in

Table 1. Codebook developed on the basis of meaning patterns observed in the interviews (the numbers correspond with numbered sections further below under results).

| Section | Category | Theme |
|---------|--|--|
| 3.1 | Fundamental critique of classification | Principled criticism of the very idea of classification |
| 3.2 | Classification offers no clear benefits | Classification has no value for educational practice |
| 3.3 | Classification brings explanation and confirmation | Classification entails no financial benefits Classification explains why regular practice does not suffice and legitimates a different approach Classification explains the causes of behaviour Classification explains why the pupil does not meet expectations Classification confirms that a pupil is rightly seen as different from other pupils |
| 3.4 | Classification is a vehicle for some other goal | Classification confirms prior suspicions Classification effectuates an agreed starting point for teachers and parents. Classification removes guilt Classification brings empathy Classification offers resolution Classification triggers new solutions, ideas, medication, right to support in the classroom |

the reporting of data, the teachers' comments have been translated from Dutch into English by us, the authors of this text.

Fundamental critique of classification

The first category reflects the views of those teachers, three out of the 30 interviewed, who challenged the very idea and concept of an ADHD classification. As respondent 2 noted: 'Well, personally I am very much anti what you might call labelling too quickly. No, not my cup of tea.' Or, in similar vein, 'You may have that label, but in effect, absolutely nothing at all has in fact been changed'. Likewise, respondent 1 commented as follows: 'So, suppose a teacher finds that troublesome. So they want to stick a label on it. Because that tells them what to do. While I then think, really, the label tells me nothing more and nothing less.'

Classification offers no clear benefits

Ten out of 30 teachers in the data set suggest that an ADHD classification offers no real benefits for educational practice. An example of this is respondent 1: 'I do try to translate it into an educational need, and a label achieves nothing more in those cases. Because you are still, even if a child has a label ADHD, what do you need from me?' Respondent 13 voiced similar concerns: 'But moreover I think, so the child now has a label, so what? I mean, I knew that already, surely? What adjustments do I need to make for him, and I don't think he'll be feeling any better just because there's a label on it.' Respondent 17 too commented, 'I think that giving it a name, or something like that, offers clarity. Yes, that is the only thing I can think of.'

Two out of the 30 respondents point out the misunderstanding that an ADHD classification ensures that financial means flow to the school. As respondent 4 put it: 'you used to just be able to get money with a label...but that is no longer the case now.'

So far for the two meaning categories that reflect critique and ambivalence about ADHD classification among teachers. Under the third and fourth meaning categories captured by our data analysis, teachers offered more positive orientations towards ADHD classification. The third category reflects views that consider the clarificatory or confirmatory contribution of ADHD classification. The fourth and final category brings together those views that see ADHD classification as removing blame, contributing peace of mind and fostering greater understanding, creating a new starting point for educational action that teachers consider as positive.

Classification brings explanation and confirmation

Sixteen out of 30 teachers mention ADHD classification as explanation of the fact that the teaching approach no longer works in relation to a child, or as confirmation that a particular approach that is already in use is deployed legitimately, that is, with good cause. Respondent 9 noted the lack of certainty that can beset teachers: 'When you notice that the actions that you undertake sort no effect again and again, as I have just described.' Respondent 14 mentioned instances where everything has been tried and has failed: 'When you conclude that you have tried everything but nothing has worked, and then it is really good for the child, but also for you as teacher. That the child is being helped.' In all such cases, an ADHD classification is considered as the next step when the teacher observed that nothing the teacher tried had worked. Teachers also cite ADHD classification as confirmation that a particular approach or forms of support are deployed with good cause. As respondent 16 noted, 'I have learnt to desist from using reward systems with these children. You can instead reward immediately: you did this fantastically well, good job. But reward systems can go wrong. And then I feel so very sorry.'

Six out of the 30 teachers see ADHD classification as explanation for undesirable behaviour. Respondent 19 considers the same advantage of classification in relation to how the child feels: 'So a diagnosis, once it has been made, it would also give the child greater insight into, eh, "this is how it works in my case, what is the matter with me"', while respondent 20 mentions the same as an advantage for parents: 'I think it is a relief for parents, that they really, that you can explain the behaviour...and that you know like, well this could be because of the ADHD. I think that is rather nice for parents.'

Seven of the respondents see ADHD classification as reasonable explanation for disappointing school achievements. Their descriptions furthermore provide some insight into the initial indicators that teachers see as leading to a subsequent ADHD classification. As teacher 17 put it, 'but once you spot that he is not progressing anymore with maths or spelling, or...he is really affected by it', and 'you know that there is greater potential there but he is being hampered by his own excitable behaviour, then I think you need to do something with that, since otherwise well, you are selling the child short.'

Six out of the 30 respondents point to other children in the year group in connection with ADHD classification. In these cases, ADHD classification is being legitimised by the

fact that failing to do is selling the other children short. Respondent 27: 'For sure, the year group is part of it, as a large group. I have 31 children in my year group, and I have my suspicions about two children...so I think the group is an important element in the whole story.'

Four of the respondents note that an ADHD classification ensures that 'something' is confirmed, as, for example, respondent 27 suggested: 'So it is not merely a hunch, there just is evidence...'

Classification is a vehicle for some other goal

Our fourth and last meaning category distilled from the data brings together why teachers may treat ADHD classification as plausible explanation or confirmation. Here we have also brought together those views of teachers that regard ADHD classification as starting point for the alleviation of guilt, bringing understanding, acceptance and support in its place.

Eight out of the 30 respondents note that an ADHD classification leads to a 'new' shared starting point in the collaboration between parents and teachers. Respondent 27 described it as follows: 'While with those parents whose child has been diagnosed there is often also a solution, medication or support, in any case, something that you can bat about. In those cases it becomes more of a collaborative little project I think, through which you can help the child.' Respondent 5 also talked about the shared perspective that emerges following classification: 'Sure, a clearer picture really, also clear towards parents...and then you do need to point all noses in the same direction, so to say. And when that is all sorted you can say, okay, what do we now need?'

Such a new starting point for pedagogy is the outcome of other consequences arising from ADHD classification. Eleven out of the 30 respondents point out that ADHD classification brings greater empathy. Respondent 5, for example, noted the empathy a teacher has for a pupil: 'I think that it brings a bit of empathy. Or a lot of empathy, which means that you respond quite differently in most cases.' Respondent 23 too mentioned empathy, but added further nuance: 'fine that a diagnosis of ADHD has been made, but I don't think I react differently. You have a little more empathy. But this does not mean that they no longer need to learn how to behave in relation to other children.' Lastly, greater understanding or empathy does not only apply to the teacher and the pupil, but according to respondent 9 – speaking from the perspective of a pupil – it applies equally between pupils: 'I would like to tell the group a little bit more about what I have and so acquaint them with it, so that they understand me a little better. [...] That seems to me to be a positive side of diagnosis.'

Five out of the 30 respondents point out that an ADHD classification leads to the removal of guilt or blame. This removal involves different actors, according to the teachers. It concerns removal of guilt or blame from the child, from the parent(s) and also removal of guilt or blame from the teacher by the parent(s). The latter may be the case if the parent(s) initially perceive the notable behaviour of the child to be the consequence of the teacher's ways of doing. Respondent 16 talked about the removal of guilt or blame from the child: 'I sometimes think that acknowledgement, for the child...you are not to blame, you just have it.' Respondent 22 put it more generally: 'I think that once parents know that my child has ADHD, it may perhaps remove a bit of

uncertainty, like well, he's got it, he is like that, nothing we can do about that.' And finally, respondent 12 claimed that teachers are quickly blamed in cases where children are without ADHD classification but show disruptive behaviour: 'which makes that parents say, "well, the teacher is to blame"'.

Five out of the 30 respondents point out that ADHD classification can bring peace and quiet, or put matters to rest. Respondent 27 described it thus: 'So I think, yeah, the peace of mind for that child, parents sometimes overlook it, but it is there all right.' Likewise, ADHD classification may offer peace of mind to parents too, as respondent 25 observed: 'And you notice that, that as soon as children have a diagnosis and there are new means available at home, ehr... yes, like it provides a kind of acceptance of, "oh look, now we know what is the matter. And now we can address it"'. This accepting peace of mind also surfaces in contact between parents and the teacher, according to respondent 16: 'No, it gives peace of mind also in discussion with teachers. Like, that's what she is like, so how do we make it fly. Just clarity. And whether, to put it negatively, you really need a label for it, I don't know. As long as you have...well no, clarity and peace of mind. And that is better for the child, too. Also in your expectations and your... Well yeah, that sometimes you can expect a little more but you need to fly a different route or make things available in a different way.'

Eleven out of the 30 teachers point out that an ADHD classification leads to new approaches, ideas, medication and right to support. As respondent 4 noted, 'So in order to better support these children by way of an assistant or whatever kind of effort, we need a diagnosis'. Some teachers, including respondent 25, point out that new ideas and pointers may arise: 'Yes, just purely those practical things like, how can I help the child. Also, because, especially for the child to find his or her own way in that.'

Discussion

As in scientific debate (Stolzer 2009; Kildea, Wright, and Davies 2011; Timimi 2015; te Meerman et al. 2017), the teaching profession – as here captured in 30 interviews – is split about ADHD and reflects divergent and sometimes contrary views on the practical value of classification. Given their various and often mixed or ambivalent, case by case-based understandings, it seems inadvisable to overly categorically sort or group the respondents in some kind of orderly classification. However, we do think it has been possible to identify patterns in teachers' thinking by coding their responses thematically.

A small group of teachers offer fundamental critique of the very concept of diagnosis. The most cited reason is that an ADHD classification has no meaning for teaching. This criticism is fundamental because it does not derive from perceived advantages or disadvantages of labelling for the child or the teacher, but instead concentrates on the idea of classification itself, and so focuses critique on a biomedical perspective of ADHD. For those particular teachers, an ADHD classification neither explains nor clarifies anything worth knowing about the child (Batstra and Thoutenhoofd 2012).

Some of the interviewed teachers are critical towards ADHD classification because for them, the advantages do not outweigh the disadvantages. The main disadvantage mentioned is that an ADHD classification bears down on a child for many years. A small group of teachers sees only advantages to an ADHD classification, while a much larger number of teachers gave responses that indicate ambivalence about

ADHD classification. By citing teachers directly and without grammatical correction, our attempt has been to put across something of this ambivalence and uncertainty through which teachers search and grasp for definite meanings and clear understanding, as captured in a great number of partly formed sentences and partly crystallised thoughts. This searching for nuance and difference – aimed at understanding the non-categorical specificity of individual persons and their manifold behaviour – that is needed for good pedagogical practice, is often sorely lacking in scientific approaches and discussion.

Teachers whose responses indicate ambivalence do see disadvantages of ADHD classification for children, but mainly cite advantages. The ADHD classification removes guilt and brings empathy. They primarily foreground ADHD classification offering acknowledgement of a prior feeling that something is the matter with a pupil, or a plausible explanation for why a particular behaviour arises, why pupils do not perform or achieve as expected, or why a child is considered different from other children in their group.

Conceptions and judgments about ADHD classification do not easily abstract from the context in which teachers work. The modern, classroom-wide and inclusive educational practice that teachers are engaged in, brings with it the understanding that the behaviour of other children will influence the behaviour of any one child (Wiener *et al.* 2018) and that for teachers judging behaviour self-evidently involves situation-based comparisons. In a broader social context in which educational performance is a major criterion for judging pupils' development, deviant behaviour and deviant performance have been turned into an attractive causal chain for a biomedical conception and explanation. Schools have thereby become a breeding ground for ADHD classifications (Hinshaw and Scheffler 2014). Under this trend, ADHD classification clearly offers many teachers grip, because it suggests to them what they might or should do.

However, scholars like Hyman (2010) and Gambrill (2014) point out the problem of reification in frequently used reasoning around ADHD. Reification literally means to make a thing out of something that lacks object qualities, whereby in the case of ADHD classification a formalised description of a particular kind of behaviour (a DSM statement of behaviour taken to be associated with ADHD) transforms into a concrete neurobiological entity ('ADHD'; Gambrill 2014). It is this process of reification that can furthermore cause ADHD to be 'factually', but mistakenly, considered a brain defect (e.g. Hoogman, Bralten, and Hibar *et al.* 2017). Reification can quickly turn into entirely circular reasoning, whereby an 'underlying' supposed brain defect is attributed as cause ('explanation') for the behaviour that is called 'ADHD' (te Meerman *et al.* 2017). This reifying way of reasoning is reflected in the reasoning of a substantial group of teachers and leads to the idea that describing the behaviour as ADHD directly leads to an explanation of that behaviour (Batstra and Thoutenhoofd 2012; Batstra, Nieweg, and Hadders-Algra 2014).

A large number of teachers report, in the interviews we have taken with them, that ADHD classification brings, in particular, a new shared starting point in the dialogue between parents and teachers about educating children. This new starting point can arise because an ADHD classification removes blame and guilt from all of teachers, parents and pupils: the notable behaviour is entirely attributed to 'the disorder' (Broomhead 2013; Moore *et al.* 2017; Rogalin and Nencini 2015), despite this being a product of questionable science and faulty reasoning. This shared 'new beginning' creates new room for mutual understanding

between parents and teachers and obviates the need for blaming one another for the behaviour perceived in the child. The availability of ADHD classification thereby offers a supposedly independent or external validation of the conclusion that ‘something is the matter’ with the child so that parents and teachers can start a new working relationship free from guilt and blame – in shared innocence, as it were. The importance of good teacher-parent collaboration matters greatly for schools, not in the least because research lends ample support for the idea that academic achievement benefits from good collaboration between home and school (Mautone et al. 2015; Park and Holloway 2017).

As final discussion point, we note that various of the teachers we interviewed indicate, in agreement with earlier research (Frigerio, Lorenzo, and Fine 2013; Honkasilta, Vehmas, and Vehkakoski 2016), that ADHD classification brings new intervention ideas and support to educational settings. According to some teachers, a DSM-classification points the direction in which solutions may be found and implemented, and suggests what will be of benefit to a pupil. While some researchers indeed suggest that a good and timely DSM-diagnosis leads to correct treatment (Cortese, Adamo, and Del Giovane 2018; Moore et al. 2016), it is notable that the drafters of the definition of ADHD themselves report differently, namely that a DSM diagnosis is of limited value in planning for the treatment of individual children (Kupfer, First, and Regier 2002).

Conclusion

The study confirms the general picture of schools offering a rich breeding ground for ADHD classification. Advantages to an ADHD classification that teachers report are allied to three main attributes of organising education. First is the good fit of individual pupils within the year group, which requires sound judgment of individual behaviours from teachers. The second attribute is the great importance attached to achievement, which means that teachers must search for the causes of under-achievement. The third and final attribute facilitated by ADHD classification that teachers report is maintaining good working relationships with parents.

Just as scientists do, educational practitioners, however, hold sharply differing views about ADHD classification and its value for practice. Our interview data identified teachers who reject a biomedical conception of ADHD on pedagogical principle; teachers who do not see the practical value of ADHD classification; and a larger number of teachers who are ambivalent and who predominantly report advantages experienced in relation to teaching. In this study, we have aimed to contrast the more favourable views of teachers with scientific literature. We have done so on the view that scientific evidence offers good reason for countering ongoing rise in the number of ADHD classifications, and is moreover necessary to enabling other practical and pedagogical solutions available for managing troublesome children in classrooms (te Meerman *et al.* 2017).

Implications

Moving towards more inclusive forms of education logically involves reducing the number of pupil classifications by which school systems sort pupils and treat them differently. It, therefore, becomes important to make inroads into understanding how teachers reason about troublesome behaviour and its classification, and their effects on

teaching. How do teachers critical of ADHD classifications meet the needs of pupils, including those with troublesome behaviour? Where do teachers who see no advantages to ADHD classification turn to for practical guidance? Exactly what problems are solved for teachers who see ADHD classification as a break-through in some teaching situations? How do they explain what is needed to turn groups of children showing widely varying behaviour dynamics into peaceful classrooms?

The present research looked into one single factor of the rise in the number of ADHD classifications and treatments of children, namely, how teachers reason about troublesome behaviour and its classification. Some of that reasoning considers ADHD classification to be a means for restarting, or 'breathe new life into', the collaboration between parents and teachers on new shared terms, after experiencing problems with the behaviour of a child. This reasoning is however based on reification, an error in thinking: ADHD classification is mistaken for a causal attribution, as *explanation* for the problems that are experienced. While this removes guilt and blame from all involved and creating new space for mutual understanding and working together, it remains nevertheless a mistake to think of ADHD classification as causing a kind of behaviour.

The consequence of this error of reification is that the pedagogical search for reasons behind the behaviour is arrested, with solutions available in the context of schooling – the attempt to read, interpret and understand child behaviour and respond pedagogically to problems that teachers experience while teaching – being henceforth left out of the picture (te Meerman *et al.* 2017). The implication of this study for professional practice is therefore that teachers should be informed that ADHD classification does *not* explain the behavioural problems they encounter while teaching so that the search for an explanation remains as a pedagogical task.

For policymakers and politicians who support inclusive education, it is important to recognise the negative consequences of reifying child behaviours. In addition, teachers should be provided with the space and the means to find properly pedagogical solutions within the context of the school, the classroom and the child. Where space and means are missing, the solution of classifying children with the false explanation of 'ADHD' is all too ready to hand, especially if additional support, the removal of blame and guilt, and a renewed trigger for collaboration between home and school are seen as the primary outcomes of labelling children. One major disadvantage of this widespread habit is that children are being made into problem owners of a reified scientific product (a 'disorder'), while issues that are present in educational and home settings, and in pedagogical and child-rearing practice, remain hidden and uninvestigated as main triggers of child behaviour.

Disclosure statement

No potential conflict of interest was reported by the authors.

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